

Hospital Submissions of More Than 9 Diagnosis Codes or More Than 6 Procedure Codes, 2004 to 2011

Data submitted by hospitals for discharges through 2003 was limited to 9 diagnosis codes (NDX) and 6 procedure codes (NPR). The THCIC 837 format, used beginning with discharges in 2004, allows for the submission of up to 25 diagnosis codes and 25 procedure codes for each discharge. Our analysis shows that an increasing percentage of hospitals have been submitting more than 9 diagnosis codes from a low of 14.4% in 2004 to a high of 80.3% in 2011. Additionally, the number of procedure codes reported has increased from a low of 12.8% of hospitals reporting greater than 6 procedure codes in 2004 to a high of 57.5% of hospitals reporting more than 6 procedure codes in 2011.*

Year	Quarter	% >9 NDX codes	% >6 NPR codes
2004	1	14.4	12.8
	2	14.9	13.2
	3	15.6	12.8
	4	44.6	38.6
2005	1	46.3	42.5
	2	49.9	42.0
	3	52.8	41.7
	4	54.3	43.1
2006	1	54.3	42.8
	2	55.3	45.3
	3	57.8	46.1
	4	60.4	46.3
2007	1	60.3	48.6
	2	62.2	49.9
	3	64.8	52.0
	4	65.9	50.8
2008	1	69.1	53.0
	2	70.0	53.4
	3	71.8	52.9
	4	73.7	55.0
2009	1	74.8	55.9
	2	74.8	54.0
	3	75.7	54.3
	4	77.1	56.1
2010	1	78.2	56.4
	2	78.0	54.8
	3	79.3	55.8
	4	78.5	54.6
2011	1	79.9	57.5
	2	80.3	56.8

*More diagnosis codes and procedure codes will potentially affect the Severity of Illness and Risk of Mortality scores THCIC assigns to each patient record. This in turn may affect rates THCIC publishes on hospital performance. Source: Texas Hospital Inpatient Discharge Public Use Data File (PUDF), 2004-10